

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002231

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

164

Primary Registration District No.

5601
3037

Registrar's No.

21

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 11 1963

1. PLACE OF DEATH

a. COUNTY

Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Warrensburg

Length of stay in 1b

6 weeks

c. CITY

OR
TOWN Holden

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Pleasant View Home

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS (If outside, give location)

East 4th Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
LonniceMiddle
JacksonLast
Courtney

4. DATE

OF

DEATH

Month

Day

Year

February 3, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/4/1873

9. AGE (last birthday)

90

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

own farm

11. BIRTHPLACE (City and state or country)

Carney, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Clinton Courtney

13b. MOTHER'S MAIDEN NAME

Lurany Pence

14. NAME OF HUSBAND OR WIFE

Hattie Courtney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Clyde Courtney, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Coronary arteriosclerotic heart disease
Left ventricular heart failure

INTERVAL BETWEEN ONSET AND DEATH

3 yrs
1 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3 Feb 63

to 3 Feb 63

and last saw her alive on 3 Feb 63

Death occurred at 1:30 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Ned Maxson

Warrensburg Mo

Feb 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/5/63

23c. NAME OF CEMETERY OR CREMATORY

Holden Cemetery

23d. LOCATION (City, town, or county)

Holden, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Canaday and Ropp, Holden, Mo.

Feb. 8, 1963

Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

no permit

2129
03129

0

1

0

0

STATEMENT BY LICENSED EMBALMER

0-38

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. H. Crandall

Licensed Embalmer No. 3434

P. O. Address Holden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.